

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

08 / 404832

03 / 14 / 25

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		2				
26		1				
27		1				
28		2				
29		2				
30	1					
31		1				
32		1				
33	1					
34	1					
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	43					
TOTAL CLAIMS	47					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						